

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 1024

Place of Birth Globe, County Gila No. 3 Sycamore St. St.

SEX OF CHILD*	Twin or or other ?	and	Number* in order of birth
<u>F</u>			<u>1st</u>
DATE OF BIRTH* <u>Dec</u> <u>28</u> <u>1924</u>			
(Month) (Day) (Year)			
FULL* NAME	FATHER		
<u>Dr. Brewer Ely Phillips</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Algie May Henry</u>			

I HEREBY CERTIFY that the child described herein has been named

Jane Barbara Phillips
(Give name in full) (Surname)

Mrs. Brewer E Phillips
(Parent's signature)

A. St. Horst
(Signature of Physician or Midwife.)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.